

Exhibit A

INTRODUCTION

■ About This Plan

This summary plan description describes the benefits available to EMPLOYEES WHO HAVE ELECTED THE PPO MEDICAL PLAN. Benefits for other Employees are described in separate summary plan descriptions. THE LASSEN COMPANIES, INC. (the Employer) has established an Employee Welfare Benefit Plan within the meaning of the Employee Retirement Income Security Act of 1974 (ERISA). Effective JANUARY 1, 1999, the Plan will include Life, AD&D, and Short Term Disability benefits. All other benefits are effective February 1, 1999. The benefits described in this booklet constitute the benefits available under the plan and are referred to collectively in this booklet as the Plan. The Plan will be maintained pursuant to the terms of this booklet. The Plan may be amended from time to time. All prior plans established or maintained by the Employer are hereby revoked.

Some of the benefits that form a part of the Plan and are described in this booklet are fully insured by Great-West Life & Annuity Insurance Company (Great-West), 8505 E. Orchard Road, Englewood, CO 80111. Others are self-funded by the Employer.

See the Glossary for the definition of some terms used throughout this booklet. These terms have special meaning with respect to the benefits outlined in this booklet.

Insured Benefits - Effective January 1, 1999

Life, AD&D Insurance and Short Term Disability Insurance

For insured benefits, this booklet becomes your certificate of insurance only if you complete the appropriate application forms and are approved for coverage by Great-West.

Great-West has full discretion and authority to determine the benefits and amounts payable and to construe and interpret all terms and provisions of this booklet.

Self-Funded Benefits - Effective February 1, 1999

Medical, Prescription Drug, and Dental Benefits

The Plan Administrator has complete authority to control and manage the Plan. The Plan Administrator has full discretion to determine eligibility, to interpret the Plan and to determine whether a claim should be paid or denied, according to the provisions of the Plan as set forth in this booklet.

Under the Consolidated Omnibus Budget Reform Act of 1985 (COBRA), when your employment terminates, you may elect to continue your participation under the Health Care Expense Account until the end of the plan year. Your participation is subject to payment of required contributions on an after tax basis. If you incur allowable medical expenses during the period of continued participation, you will be reimbursed for those expenses according to the section "Reimbursements." Benefits will be reimbursed up to the elected salary reduction for that Plan Year.

If this FBA Plan terminates no further additions will be made to your account(s) or reimbursements made from the account.

Reimbursement

Reimbursement payments under the Health Care Expenses Account or Dependent Care Expenses Account will be made directly to you. Such payments will be made bi-monthly based on claims submitted during the previous month. Claims must be submitted on a standard form provided by the Employer. All claims for payments in any Plan Year must be submitted no later than 90 days after the end of that Plan Year.

You will receive benefits up to the elected salary reduction for that Plan Year. Any amount remaining in your Health Care Expenses Account or Dependent Care Expenses Account after all claims have been processed for that Plan Year will be forfeited. Money set aside for health care cannot be used for dependent care expenses, or vice versa.

Any questions regarding the administration of the FBA should be directed to the FBA toll-free help line. This number is on the FBA Reimbursement Request form.

Other Information You Need to Know

The Plan Administrator will make available to each Employee such records as pertain to the Employee, for examination at reasonable times during normal business hours.

The Employer, at any time or from time to time, may amend any or all of the provisions of this FBA plan without your consent.

No amendment will have the effect of reducing any of your benefit elections in effect at the time of such amendment, unless such amendment is made to comply with federal law or local statute or regulations.

The Employer reserves the right to terminate this FBA plan, in whole or in part, at any time.

200251

- Placement of a child in your custody for foster care; or
- To care for your spouse, child, or parent with a serious health condition; or
- Your serious illness that makes you unable to perform the functions of your job. For Life and AD&D Insurance and the purpose of leave provided under the California Family Rights Act, your own serious illness will not include pregnancy or medical conditions related to pregnancy or childbirth.

Contributions must be paid by you and the Employer. If contributions are not paid, your coverage will cease. However, on the date you return to work, coverage will be on the same basis as that provided for any active Member on that date. If you have questions about Family and Medical Care Leave, see the Plan Administrator.

Pregnancy Disability Leave

If you:

- Are employed in California; and
- Are a female Employee who is unable to work due to childbirth, pregnancy, or related medical conditions; then you may be eligible for disability leave under California Government Code Section 12945. If you are eligible for leave under:
 - California Government Code Section 12945; and
 - the federal Family and Medical Leave Act (FMLA);
 then the leave periods will run concurrently. For more information about disability leave under California Government Code Section 12945, please see your Plan Administrator for details.

Continuation under COBRA for Medical, Prescription Drug and Dental Coverage

A Member may be eligible to continue coverage under COBRA. Qualifying events determine eligibility for COBRA coverage and the length of continuation.

Termination of your Service for any reason except gross misconduct is a qualifying event. For a covered Dependent, a qualifying event includes termination of your Service, your becoming entitled to Medicare, and your death, divorce or legal separation. The date a Dependent no longer meets the definition of Dependent is also a qualifying event.

200245

IF YOU HAVE A COMPLAINT CONCERNING A LIFE INSURANCE BENEFIT CLAIM AND YOU HAVE BEEN UNABLE TO RESOLVE THE COMPLAINT SATISFACTORILY THROUGH CONTACT WITH GREAT-WEST, ITS AGENTS OR REPRESENTATIVES, THEN YOU MAY SEEK ASSISTANCE BY CALLING OR WRITING TO THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE ADDRESS OR TELEPHONE NUMBER SHOWN BELOW:

UNDERWRITING DIVISION
CALIFORNIA DEPARTMENT OF INSURANCE
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013

TOLL-FREE TELEPHONE NO: 1-800-927-HELP (4357)

Benefit Payments to a Representative of a Minor

In the case of a minor child who otherwise qualifies as a Dependent under the Plan, if the child designates a representative, then the Plan must pay benefits on behalf of that child to his or her representative, even if that person is not covered under the Plan. The person must:

- Submit written notice that he or she is the representative of the child on whose behalf the claim is made; and
- Provide evidence that the person qualifies to be paid the benefits.

■ ERISA General Information

The following information is required by the Employee Retirement Income Security Act of 1974 (ERISA).

This summary plan description describes the benefits available to EMPLOYEES WHO HAVE ELECTED THE PPO MEDICAL PLAN OF THE LASSEN COMPANIES, INC., the Plan Sponsor/Employer.

The address of the Plan Sponsor/Employer is 2416-36 HUNTER STREET, LOS ANGELES, CA 90021-2504. The telephone number is (760) 758-9800.

The Employer Identification Number (EIN) is 52-2137081. The Plan Number assigned by the Plan Sponsor is 501.

The Plan Administrator is POLLY JONES, PICKERING INSURANCE SERVICES, ADMINISTRATOR/BROKER. The address of the Plan Administrator is 1011 SOUTH SANTA FE AVE, SUITE K VISTA, CA 92083. The telephone number is (760) 758-9800.

The Agent for Service of Legal Process is LEONARD D. KRISTAL, CEO. Service of legal process may also be made upon the Plan Administrator.

The Plan provides Life and AD&D Insurance, Medical, Prescription Drug, Dental

MAR 14 '00 14:32 FR GUL - SAN DIEGO

858 558 0831 TO 17607589926

P.02/03


Great-West
 LIFE & ANNUITY INSURANCE COMPANY

**ONLINE HEALTH PLAN
 (BENLink) ORDER FORM**

 _/ _/ _
 (date)

To be completed by Employee Benefits Office

(Complete both sides and return to Employee Benefits Operations, Denver)

POLICYHOLDER INFORMATIONBROKER: ☐ YES ☐ NO ☐ CHECK HERE FOR VIEW ONLY

Note: The BENLink System must be installed at the Policyholder's address below. BENLink is exclusively licensed for use only by full-time employees of the Policyholder.

THE LASSEN COMPANIES INC

COMPANY NAME

3345 MICHELSON DRIVE #250

STREET ADDRESS

IRVINE CA 92612-0650

CITY

STATE

ZIP CODE

3001 SYMMES ROAD

MAILING ADDRESS - Required if different from Street Address, such as a P.O. Box

HAMILTON OH 45015

CITY

STATE

ZIP CODE

513-874-1800-28 513-874-5899

PHONE NUMBER

EXTENSION

FAX NUMBER

SHIRLEY MONROE H R MANAGER

PRIMARY CONTACT

TITLE

TECHNICAL SUPPORT NAME

EXTENSION

HEALTH PLAN ADMINISTRATOR: (NAME, PHONE and SOCIAL SECURITY NUMBERS of ALL persons with access are REQUIRED)

POLLY JONES SSN 334405575

USER NAME (One name is required)

PHONE / EXTENTION

SHIRLEY MONROE SSN 396605932

USER NAME (Optional)

PHONE / EXTENTION

513-874-1800-28 SSN

USER NAME (Optional)

PHONE / EXTENTION

FIELD OFFICE INFORMATION

GROUP SALES OFFICE

SALES REPRESENTATIVE

BPO

SERVICE REPRESENTATIVE

PLAN TYPE

☐ PPO☐ POS☐ HMO

CASE STATUS?

☐ NEW☐ IN FORCE

(Check all that apply)

To be completed by Employee Benefits Operations

(Complete and forward to BENLink Systems Support)

OPERATIONS INFORMATION401 K ☐ Yes ☐ No

401 K Plan Number

UNDERWRITER

EXTENSION

REGION

POLICY NUMBERS - INSURED

ASO

BENLINK EFFECTIVE DATE

NO. OF LIVES

SIC NO

Agreement Received From Master Application

☐ YES☐ NO

GROUP NAME ON MASTER APPLICATION

ARE POS DIVISIONS LOCALIZED?

☐ YES☐ NO

ARE PPO DIVISIONS LOCALIZED?

☐ YES☐ NO

10765

Exhibit C

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

DENNIS ALLEN, et al.,

Plaintiffs,

vs.

LEONARD D. KRISTAL, JOHN CRARY,

et al.,

Defendants.

NO. C-1-01-159

S.D. Of Ohio

VOLUME I

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Deposition of POLLY JONES, taken at
401 B Street, Suite 1700, San Diego,
California, commencing at 9:35 A.M.,
Wednesday, January 22, 2003, before
Jeanne M. Garlow, CSR No. 3456.

spherionSM

DEPOSITION SERVICES
550 WEST C STREET, SUITE 600
SAN DIEGO, CA 92101
(619) 235-2400
FAX (619) 235-0718

FORMERLY INTERIM COURT REPORTING

1 and familiarize yourself with it.

2 Let's talk about you and how you came to be a
3 witness in this case.

4 Ms. Jones, do you currently work?

5 A. Yes.

6 Q. Where are you employed?

7 A. Pickering Insurance Services.

8 Q. And what is your job and duties there?

9 A. I would say I'm the administrative assistant
10 to the owner and principal, Randy G. Pickering.

11 Q. Are you also related to him in some other way?

12 A. I'm married to him.

13 Q. Married to him?

14 A. Uh-huh.

15 Q. That's an interesting relationship. I
16 couldn't do that.

17 Describe your job duties, to the best of your
18 ability.

19 A. I basically act as a customer service
20 representative for our clients, most of which are
21 corporate entities. We, being an insurance brokerage
22 firm, provide for employer groups, companies,
23 corporations: medical, dental, life, 401K, section 125
24 plans. Being a broker, we represent many insurance
25 companies.

1 STATE OF CALIFORNIA) ss:
2 COUNTY OF SAN DIEGO)

3
4 I do hereby certify:

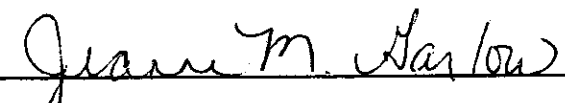
5 That the foregoing deposition was taken before me at
6 the time and place therein set forth, at which time the
7 witness was put under oath by me;

8 That the testimony of the witness and all objections
9 made at the time of the examination were recorded
10 stenographically by me, were thereafter transcribed
11 under my direction and supervision and that the
12 foregoing is a true record of same.

13 I further certify that I am neither counsel for nor
14 related to any party to said action, nor in anywise
15 interested in the outcome thereof.

16 IN WITNESS WHEREOF, I have subscribed my name
17 this 4th day of February, 2003

18
19
20
21
22
23
24
25



JEANNE M. GARLOW C.S.R. NO. 3456

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

DENNIS ALLEN, et al.,

Plaintiffs,

vs.

LEONARD D. KRISTAL, JOHN CRARY,

et al.,

Defendants.

NO. C-1-01-159

S.D. Of Ohio

VOLUME I

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Deposition of RANDY PICKERING,
taken at 401 B Street, Suite 1700,
San Diego, California, commencing
at 9:30 A.M., Thursday, January 23,
2003, before Jeanne M. Garlow,
CSR No. 3456.

1 insurance business.

2 Q. Oh, I see.

3 A. I didn't get married until 1983.

4 Q. Oh, I thought you were married when you came
5 out here.

6 A. No.

7 Q. Oh, I see.

8 A. No. We lived in sin for a few years.

9 Q. I didn't want to know that. Okay.

10 But -- and the -- the woman you refer to as
11 your wife is Polly Jones. And is Polly Jones the woman
12 that was here yesterday giving a deposition?

13 A. That's correct.

14 Q. All right. Ms. Jones explained that she
15 serves as a -- sort of an administrative assistant,
16 customer service rep for your business; is that
17 accurate?

18 A. Yes.

19 Q. What's your role and function in Pickering
20 Insurance Services?

21 A. Sales.

22 Q. You do all the selling?

23 A. Yes.

24 Q. Okay.

25 A. For the most part. I mean, Polly does some

1 STATE OF CALIFORNIA) ss:

2 COUNTY OF SAN DIEGO)
3

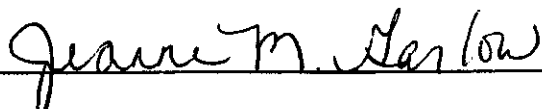
4 I do hereby certify:

5 That the foregoing deposition was taken before me at
6 the time and place therein set forth, at which time the
7 witness was put under oath by me;

8 That the testimony of the witness and all objections
9 made at the time of the examination were recorded
10 stenographically by me, were thereafter transcribed
11 under my direction and supervision and that the
12 foregoing is a true record of same.

13 I further certify that I am neither counsel for nor
14 related to any party to said action, nor in anywise
15 interested in the outcome thereof.

16 IN WITNESS WHEREOF, I have subscribed my name
17 this 7th day of February, 2003
18
19
20

21 
22 JEANNE M. GARLOW C.S.R. NO. 3456
23
24
25



PICKERING INSURANCE SERVICES — Employee Benefit Broker / Consultants

CA License #0596507

1011 S. Santa Fe Ave., Suite K, Vista, California 92083-6919
North County (760) 758-9800 / 1-800-858-1207 Fax (760) 758-9926
www.pickeringinsurance.com • Email: pickins@pickeringinsurance.com

FACSIMILE TRANSMISSION

FAX # (949) 477-6505 - 1 PAGES TOTAL

TO: LEN KRISTAL - LASSEN DISTRIBUTION, INC.

FROM: POLLY JONES - PICKERING INSURANCE SERVICES

DATE: 23 JUNE 1999

SUBJECT: 1999 PREMIUM STATEMENTS FOR GREAT-WEST LIFE

Dear Len:

Following is a summary of the premiums due for THE LASSEN COMPANIES,
INC. Great-West life benefit plan.

JANUARY 1999	Total all coverages	\$ 2,688.40
FEBRUARY 1999	Total all coverages	\$18,739.16
MARCH 1999	Total all coverages	\$18,891.11
APRIL 1999	Total all coverages	<u>\$17,176.37</u>
SUB TOTAL		\$57,495.04
DEPOSIT SUBMITTED 1/18 & 1/26		<u>\$27,000.00</u>
TOTAL OWED		<u>\$30,495.04</u>

Please make check payable to GREAT-WEST LIFE and please overnight
check are to be mailed to the following address:

ATT: BLAIR HIVES
5 TH FLOOR TOWER #1
GREAT-WEST LIFE
8500 EAST ORCHARD
ENGLEWOOD, CO 80111

Any questions, please call. My staff and I are at your service!

Polly Jones
Operations Manager

300092

TRANSMISSION VERIFICATION REPORT

TIME : 06/23/1999 14:41
NAME : PICKERING INSURANCE
FAX : 760-758-1060
TEL : 760-758-9800

DATE, TIME	06/23 14:40
FAX NO./NAME	19494776505
DURATION	00:00:31
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

300093

Exhibit E



PICKERING INSURANCE SERVICES — *Employee Benefit Broker / Consultants*

CA License #0596507

1011 S. Santa Fe Ave., Suite K, Vista, California 92083-6999

North County (760) 758-9800 / 1-800-858-1207 Fax (760) 758-9926 • Email Address: PIKINS@aol.com

8 February 2000

Lenn Kristal

THE LASSEN COMPANIES, INC.

3345 Michelson Drive Suite # 250

Irvine, Ca 92612

Dear Lenn:

Following is the GREAT WEST LIFE revised plan design and discounted rates that I was able to negotiate on THE LASSEN COMPANIES, INC.'s behalf.

By changing to the enclosed plan design and discounts, **THE LASSEN COMPANIES, INC.** annual medical cost is \$247,191.12. This is very comparable to the BLUE CROSS/BLUE SHIELD OF OHIO both from a rate and benefit standpoint. GREAT WEST LIFE has HMOs available in most of the areas that you currently have employees.

I would like to meet with you to discuss the proposed plans. Please call me so that we can schedule a mutually convenient time.

Best regards,

A handwritten signature in dark ink, appearing to read 'Randy', written over a horizontal line.

Randy Pickering

Employee Benefit Broker

RGP:pj

Enclosure(s)

10677

The Lassen Companies, Inc.

Optional Discounted Plan

Revised Feb 8, 2000

- **PPO** - \$20 Copay - \$500 Ded, 80% in Network / 60% Out of Network
- **HMO** - \$20 Copay - \$500 per day hospital confinement deductible (Max 5 days per calendar year)
\$500 Outpatient Surgery Deductible.

Assumption of Employer pays 79% of HMO, 21% of Dependent HMO.

	<u>Total Cost</u>		<u>Lassen Cost</u>
Employee Total Cost	\$22,910.32	79%	\$18,099.16
Spouse	\$3,784.41	21%	\$794.73
Children	\$4,264.92	21%	\$895.64
Family	\$3,855.83	21%	\$809.73
Maximum Monthly Cost	<u>\$34,815.48</u>		<u>\$20,599.26</u>
Maximum Annual Cost	\$417,785.76		\$247,191.12

The Annual Maximum for Medical for The Lassen Companies, Inc. = \$247,191.12

The Lassen Companies, Inc. Costs

HMO Monthly	\$20,599.26
Dental	\$3,551.00
Life / AD & D	\$439.00
LTD	\$595.00
STD	\$1,439.00
Total Monthly All Benefits	<u>\$26,623.26</u>
Total Annually All Benefits	\$319,479.12

Total Annual Medical Only – The Lassen Companies, Inc. Cost = \$247,191.12

GROUP COMMISSION AGREEMENT

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY (the Company) agrees to pay to:

RANDY G. PICKERING
(the Producer)

commissions for the benefits which are included in the Group Policy(ies) and Administrative Services Only contract specified hereafter and issued to

THE LASSEN COMPANIES, INC.
(the Policyholder or Contractholder)

Commissions will be paid in accordance with the schedules and the conditions stipulated in this agreement.

PART A

Commissions under PART A are to be paid on fees due and paid in cash with respect to each policy year beginning FEBRUARY 1, 1999.

The commissions payable under this PART A will be for the benefits referred to as "Coverages" in ARTICLE 1 - DEFINITIONS of the Administrative Services Only contract. Such contract is commonly referred to by the Company as the Services Contract.

The commissions payable will be based on the number of Employees and Dependent Units covered for the "Coverages" and for whom fees have been paid for the contract month in question. Until changed by mutual agreement of the parties concerned, commissions will be paid at the rate of

- (1) \$18.11 for each Employee; and
- (2) \$2.00 for each Dependent Unit;

covered for the "Coverages" in the contract month in question.

Commissions are payable to you for each contract year unless the Contractholder directs the Company in writing to recognize another producer or to discontinue payment of commissions.

GROUP COMMISSION AGREEMENT (Continued)**PART B**

Commissions under PART B are to be paid on premiums due and paid in cash with respect to each policy year beginning JANUARY 1, 1999.

The commissions payable under this PART B will be for all benefits other than those referred to in PART A of this agreement.

Sales Commissions will be calculated during each of the first five policy years entering the SALES COMMISSION SCHEDULE separately at the beginning of each policy year for each of the combinations of premiums described below.

Service Fees will be calculated each year entering the SERVICE FEE SCHEDULE at the beginning of each policy year for the combined premiums described below.

Group Life Insurance premiums received for Group Policy No. 257312GL

Premiums received for Accidental Death, Dismemberment and Loss of Sight (AD&D) benefits for Group Policy No. 257312GL

Sales Commissions will be paid during each of the first five policy years unless the Policyholder directs the Company in writing to recognize another producer or to discontinue payment of commissions.

Service Fees will be paid each policy year unless the Policyholder directs the Company in writing to recognize another servicing producer or to discontinue payment of Service Fees.

SALES COMMISSION AND SERVICE FEE SCHEDULE

Annual Premium	Sales Commission Percent	Service Fee Percent
Up to \$1,000	4.30	5.00
\$1,001 to \$5,000	3.30	5.00
\$5,001 to \$10,000	2.70	3.00
\$10,001 to \$20,000	2.35	2.00
\$20,001 to \$30,000	1.80	1.50
\$30,001 to \$50,000	0.80	1.50
\$50,001 to \$100,000	0.40	1.45
\$100,001 to \$200,000	0.35	1.00
\$200,001 to \$350,000	0.30	0.80
\$350,001 to \$500,000	0.07	0.20
\$500,001 to \$1,000,000	0.07	0.20
\$1,000,001 and over	0.00	0.10

GROUP COMMISSION AGREEMENT (Continued)

If the above-mentioned policy(ies) or contract is amended to

- (1) increase the schedule of benefits, or
- (2) add any class or classes of Employees not previously eligible for coverage, or
- (3) add any coverage not previously included, and

if the amendment submitted by you is approved by the Company, the Company will allow you commissions on such additional premiums or fees as result from such amendment, the rate to be determined by the Company in accordance with its rules in effect at such time.

No commissions will be payable on any premiums paid under any policy issued under any conversion privilege of the above-mentioned policy(ies) or contract.

The instructions contained in the Company's Instructions to Agents, the Rules and Regulations of the Company, and such other instructions as may be issued from time to time by the Company, whether by way of amendment, substitution, or addition, will be binding upon you and will form part of this agreement as if the same were set out herein.

The Company will pay to your Executors, Administrators, Successors or Assigns after your death such commissions as may accrue hereunder.

Any amount owing to the Company by the Producer under this agreement may be recovered by the Company by setting off any such amount against any amount owed or payable by the Company to the Producer under this or any other agreement.

The Producer will be responsible for all reasonable expenses incurred by or on behalf of the Company in enforcing the terms of this agreement, including but not limited to attorneys fees, court or arbitration expenses and costs, costs and expenses of collection agencies and all other reasonable costs and expenses of collection. This paragraph will not limit the Company's use of any other available remedy nor be impaired by the termination of this agreement.

This agreement will go into effect on the date of its acceptance by the Producer for all premiums and fees due and paid from the dates designated under each part of this agreement.

GROUP COMMISSION AGREEMENT (Continued)

This agreement will be interpreted by and construed in accordance with the laws of the State of Colorado without application of its laws on conflicts of laws. Legal action by the Producer against the Company concerning this agreement must be brought in an appropriate forum in Arapahoe County, Colorado or in the Federal District Court in Denver, Colorado.


Dated at Englewood, Colorado this 21st day of April, 1999.

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

Senior Vice-President, General
Counsel and Secretary



President


For the Actuary

Date

RANDY G. PICKERING
Producer


PICKERING INSURANCE SERVICES — *Employee Benefit Broker / Consultants*

CA License #0596507

1011 S. Santa Fe Ave., Suite K, Vista, California 92083-6919
 North County (760) 758-9800 / 1-800-858-1207 Fax (760) 758-9926
 www.pickeringinsurance.com • Email: pickins@pickeringinsurance.com

FACSIMILE TRANSMISSION

FAX # (949) 477 - 6505 / 1 PAGE TOTAL

TO: LEN KRISTAL

FROM: POLLY JONES

DATE: 10 AUGUST 1999

SUBJECT: AVERAGE EMPLOYEE / DEPENDENT COUNT

Dear Len:

Following is a summary of the number of employees / dependents for
 your GWL medical/dental plan since February of 1999:

MEDICAL:

<u>MONTH:</u>	<u>EMPLOYEES:</u>		<u>DEPENDENTS:</u>	
	Medical / Dental		Medical/Dental	
FEBRUARY	190	179	87	87
MARCH	191	178	87	86
APRIL	163	156	85	84
MAY	163	152	83	80
JUNE	161	153	84	80
JULY	161	153	80	80
<i>August</i>	<i>146</i>			
AVERAGE	171.5	161.8	84.3	82.8

If this is not what you want or have any questions, please call. My staff and I are at your service!

Polly Jones
 Operations Manager



Search • IT Consulting • Staffing Service

163 326
 161 322
 161 322
 146 292
 3262

10721

22 October 1999

Grant Bening
6546 Hopedale Court
San Diego, Ca 92129

Dear Grant:

Finally, GREAT WEST LIFE found the \$65,000 from THE LASSEN COMPANIES, INC. Therefore, enclosed please find the commissions due you:

\$2.50 per Enrolled Employee

May - 99	163	\$ 407.50
June -99	161	\$ 402.50
July - 99	161	\$ 402.50
August - 99	146	<u>\$ 365.00</u>
		\$1577.50

Thanks for your patience with this - it has been stressful for all!

Sincerely,

Randy

10577

GRANT BENNING

*File
Copy*

**COMMISSION FOR LASSEN COMPANIES, INC.
\$2.50 Per Enrolled Employee**

Feb-99	190	X	\$ 2.50	\$ 475.00
Mar-99	191	X	\$ 2.50	\$ 477.50
Apr-99	163	X	\$ 2.50	\$ 407.50
TOTAL COMMISSION				\$ 1,360.00

RANDY PICKERING
PICKERING INSURANCE SERVICES
(800) 858-1207
7/1/99

10579